

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

\* 04-191

San Francisco Unified School District

500 Mansell Street

San Francisco, CA 94134

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

*Math Martin*

B. Date of Delivery

C. Signature

*X Math Martin*

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

☒ No

If YES, enter delivery address below:



3. Service Type

☒ Certified Mail

☒ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

*7002 0570 0003 8378 8440*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952